

***This portion MUST be returned with your payment to ensure proper credit. THANK YOU***

ACCOUNT BILLED
CLARIDGE, REX C.

PROJECT NAME
BLOWOUT/FIRSTCHANCE

PROJECT ID
S230039

DUE DATE	ANNUAL FEE	AMOUNT DUE
07/25/2003	\$ 150	\$ 150

TAX ID OR SOCIAL SECURITY #

<input type="checkbox"/> FEE NOT ENCLOSED
Permittee requests an inspection to close out this permit.

<b><i>Change of Address</i></b>	
Contact	_____
Address	_____
E-Mail Address	_____
State	_____
Phone	_____
Zip	_____

**RECEIVED**  
**JUL 09 2003**  
**DIV. OF OIL, GAS & MINING**

DIVISION OF OIL GAS AND MINING  
1594 WEST NORTH TEMPLE SUITE 1210  
PO BOX 145801  
SALT LAKE CITY UT 84114-5801

***Please make check payable to:***  
**Division of Oil, Gas and Mining**